

Leonard Cheshire Disability

# Holme Lodge - Care Home Physical Disabilities

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

This inspection took place on 8 March 2016 and was unannounced.

Accommodation for up to 18 people is provided in the home over two floors. The provider is currently registered to provide accommodation for 20 people but due to changes in the premises is now only able to accommodate 18 people. We have asked the provider to apply to make the necessary changes to their registration. The service is designed to meet the needs of people with a physical disability. There were 18 people using the service at the time of our inspection.

At the previous inspection on 12 March 2015, we asked the provider to take action to make improvements to the areas of need for consent and good governance. We received an action plan in which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection on 8 March 2016 we found that improvements had been made in both areas.

There was a registered manager but she was unavailable during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Hazardous materials were not always stored securely. Sufficient staff were not always on duty to meet people's needs and medicines management required improvement.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. Staff were recruited through safe recruitment practices.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People received personalised care that met their needs; however they did not always receive support promptly. Care records contained information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff were confident raising any concerns with the registered manager and that they would take

action. There were systems in place to monitor and improve the quality of the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

Hazardous materials were not always stored securely. Sufficient staff were not always on duty to meet people's needs and medicines management required improvement.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

Staff were recruited through safe recruitment practices.

### Is the service effective?

**Good** 

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink.

External professionals were involved in people's care as appropriate.

### Is the service caring?

**Good** 

The service was caring.

Staff were caring and treated people with dignity and respect.

People and their relatives were involved in decisions about their care.

Advocacy information was made available to people.

### Is the service responsive?

**Good** 

The service was responsive.

People received personalised care that met their needs; however they did not always receive support promptly.

Care records contained information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

### Is the service well-led?

The service was well-led.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff were confident raising any concerns with the registered manager and that they would take action.

There were systems in place to monitor and improve the quality of the service provided.

**Good** ●

# Holme Lodge - Care Home Physical Disabilities

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 March 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted visiting health and social care professionals, the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with six people who used the service, a visiting healthcare professional, a domestic staff member, a senior support worker, two support workers, an activities coordinator, the service administrator and the head of operations. We looked at the relevant parts of the care records of ten people, four staff files and other records relating to the management of the home.

# Is the service safe?

## Our findings

People told us they felt safe at the home and if they did not feel safe they would talk to one of the staff. A person said, "Yes, I feel safe. I like the staff and trust the staff."

Staff were aware of the signs and symptoms of abuse and told us they would report any concerns to a senior support worker or the registered manager. A staff member said, "I feel we communicate any concerns well and will get external advice if we need it." They said, "People [using the service] feel they can talk to us [staff]. They often have a strong relationship with a member of staff and they would talk to them if they had a concern."

A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was displayed in the home to give guidance to people and their relatives if they had concerns about their safety. Appropriate safeguarding records were kept.

Risks were managed so that people were protected and their freedom supported. We saw people moved freely around the home and staff did not restrict people but allowed them to move where they wished in the home whilst supervising them to keep them safe.

Risk assessments had been completed to assess people's risk of developing pressure ulcers, falls, risks associated with moving and handling and nutritional risk. When bedrails were being used a risk assessment had been completed. Risk assessments identified actions put into place to reduce the risks to the person and were reviewed regularly.

A person told us they had had a fall, and following this their medicines had been reviewed and their medicines changed to reduce the risk of them falling again. We saw documentation relating to accidents and incidents and the action taken as a result, including the review of risk assessments and care plans in order to minimise the risk of re-occurrence.

People we talked with told us their wheelchairs were checked regularly and staff ensured they were able to attend appointments for reviews of their wheelchair needs. A person said, "They [staff] are taking me to hospital to have a look at my chair and check it is okay." Staff told us this visit was to re-assess whether the wheelchair met the person's needs. Staff told us they had the equipment they needed to provide safe care and they said that equipment was repaired in a timely manner.

Checks of the equipment and premises were taking place and action was taken promptly when issues were identified. We saw that the premises were well maintained and generally safe. However, we saw that hazardous materials were not always stored securely. We saw thickener for fluids was not securely stored. We also saw that the sluice room had been left open and some hazardous materials were on shelves within that room.

There were plans in place for emergency situations such as an outbreak of fire. Personal emergency

evacuation plans (PEEP) were in place for all people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. A service emergency plan was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

People's views on staffing levels were mixed. Two people told us there were generally enough staff on duty to provide the support they needed. A person said, "I think there is enough. You have to wait sometimes but not for too long." However, other people felt more staff were needed. A person said, "You have to wait ages and have to work around staff." Another person said, "I think there should be one or two more. You have to work around staff for getting up as they are always very busy. They come as soon as they can."

Staff told us they felt there were generally enough staff on duty to provide the care people required. A staff member said, "Mornings are busy but the manager will increase the number of staff when we have additional people for respite care."

We observed that people generally received care promptly when requesting assistance in the lounge areas and in bedrooms. However, we saw that a person who needed assistance to eat had been brought to a table with other people who were eating their meals but then had to wait until after the others had finished their meal before a staff member was available to give them assistance.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The manager told us that staffing levels were based on dependency levels and any changes in dependency were considered to decide whether staffing levels needed to be increased.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service including a volunteer. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

People told us that they received their medicines safely. A person said, "Staff give me my tablets every day." Staff told us they had completed training in medicines administration and had had their competency checked. A person who had started to administer medicines a short time ago said they had received enough training and support prior to administering medicines independently. They said, "I can always ask or ring if I have any issues."

We observed the administration of some people's medicines and saw they were administered safely in line with requirements. Medicines Administration records (MAR) contained a picture of the person and there was information about allergies and the way the person liked to take their medicines. The application of topical creams was recorded on charts and these were appropriately completed by staff.

Systems were in place for the timely ordering of people's medicines but we found there were occasions when some people's medicines were not received in time for when they were needed. We found two people had missed their morning medicines the previous day as they had not been delivered from the pharmacy. The medicines were received later in the day. Staff told us this was due to errors on the part of the pharmacy or GP. Another person had run out of a PRN medication and it had had to be obtained through the 111 service. PRN protocols were not always in place to provide information on the reasons for administration of medicines which had been prescribed to be given only as required.

Medicines were stored safely in line with requirements in locked trolleys or cupboards. Temperatures were recorded of the areas in which medicines were stored and were within acceptable limits. Records were kept

of the site of application of transdermal medicines patches to ensure rotation of the site of application and safe administration. A transdermal medicine patch is placed on the skin and releases small amounts of a medicine into the bloodstream over a long period of time.

# Is the service effective?

## Our findings

During our previous inspection on 12 March 2015 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Assessments of capacity and best interests' documentation were not always in place for people who lacked capacity. At this inspection we found that improvements had been made.

We saw that staff talked to people before providing support and where people expressed a preference staff respected them.

We saw people had given their consent for the storage and sharing of information about them, and for the staff to manage their medicines. A person's care record provided information about the support a person required to enable them to make choices and decisions. This included how the information should be presented, the help they might need to understand fully and the best times for them to make decisions.

It was recorded that one person declined or refused some aspects of their support and health checks but as they were able to make their own decisions and understood the possible consequences of their refusal, their decisions were respected.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. We checked whether the service was working within the principles of the MCA.

The requirements of the MCA were being followed as when a person lacked the capacity to make some decisions for themselves; a mental capacity assessment and best interests documentation had been completed. Appropriate DoLS applications had been made.

People using the service felt staff were knowledgeable about their needs and had the skills to care for them safely. We observed that staff competently supported people and interacted appropriately with them.

Staff felt supported. They told us they had received an induction. A staff member told us that if they were unsure they always felt they could ask someone more senior. They said, "You are never made to feel you are asking silly questions." Staff generally felt they had had the training they needed to meet the needs of the people who used the service. Training records showed that staff attended a wide range of training which included equality and diversity training. Clear systems were in place to ensure that staff remained up to date

with their training.

Some staff told us they had had supervision recently whilst others had not had supervision for six months. This meant that some staff were not as well supported as they should have been. Supervision and appraisal records contained appropriate detail.

Where people had behaviours which others might find challenging, records of the behaviour were completed. However, their care plans did not provide details about triggers of the behaviour or actions to take to manage the behaviour. This put people at risk of not being as safely supported as they could have been especially if any new staff supported these people. We were told training was due to be provided for staff on managing challenging behaviour and how to develop care plans to manage this. Staff were able to describe the actions they would take when people had behaviours which challenged but they told us they would find additional training beneficial.

A person said, "The food is good. They know what I like. The cook has got a list." Another person told us of the vegetarian options they were given and said, "They offer me things I like." A third person told us the cook talked to them about what they would like on the menu.

We observed the lunchtime meal and saw tables were set with table mats and serviettes. However, there were no condiments and the cutlery was brought to the table when people had sat down. This meant that people's dining experience did not support independence as much as it could have. Hot and cold drinks were served prior to the meal. When people needed assistance staff sat with them and assisted them at the person's pace. Staff talked with people as they gave them assistance and checked their wishes. The cook checked people's views on their chosen meal.

Care records contained nutritional assessments and care plans which identified their food preferences and requirements. People were weighed regularly according to their nutritional risk. This was to help identify any person at risk of malnutrition.

A person was receiving their nutrition through a percutaneous endoscopic jejunostomy (PEJ) tube. A PEJ tube is a feeding tube that is put inside an outer tube which goes to the stomach. The inside tube goes into the small intestine (jejunum). The dietician had been involved and the feeding regime was being followed. We saw there was a record of the nutrition provided and the fluid flushes. There were also contact details for the dietician in the event of a problem with the tube.

People told us they were supported with their health care needs. People told us they had access to their GP, a chiropodist and dentist. One person said, "They get the doctor quickly if I need them." Staff told us people's health was monitored and they were referred to health professionals in a timely way should this be required.

There was clear evidence of the involvement of a wide range of external healthcare professionals in the care and treatment of people using the service. Within the care records there was evidence people had access to a GP and other health professionals.

## Is the service caring?

### Our findings

People using the service said they felt staff listened to them and tried to help them if they were concerned or worried about anything. A person said, "Staff are all kind. I don't eat too much and they know I take my time, but they don't rush me." Another person identified two staff members who they said were very good and who they had particularly good relationships with.

However, two people raised concerns regarding the attitude of two staff working at night. They told us that the other staff were fine. One of the people told us they had complained to the registered manager about the staff members' attitude and they were confident that the registered manager would deal with it. We saw that the registered manager was investigating the concerns at the time of the inspection. A visiting professional told us that staff were, "Compassionate and caring."

People were relaxed within the company of staff. We saw from the interaction between people who used the service and staff that positive relationships had developed. Staff were able to describe people's care needs and their preferences. Staff greeted people when they walked into a room or passed them in the corridor. Staff were kind and caring in their interactions with people who used the service.

A person using the service said staff, "Sometimes talk to me about my care." Another person told us their care plans had been discussed with them and they had signed their care plans.

Care records contained information which showed that people and their relatives had been involved in their care planning. Care plans were person-centered and contained information regarding people's life history and their preferences. Advocacy information was also available for people if they required support or advice from an independent person. Where people could not communicate their views verbally their care plan identified how staff should identify their preferences and staff were able to explain this to us.

People told us staff respected their privacy and they could spend time alone if they wished. They said staff always knocked on their bedroom door before entering. Staff told us and we observed them knocking on people's doors before entering their bedroom and we saw them dealing sensitively with people's personal care needs. The home had a number of areas where people could have privacy if they wanted it.

Staff were able to describe the actions they took when providing care to protect people's privacy and dignity. They told us dignity champions were in place and they carried out sessions with staff to promote dignity issues. A dignity champion is a person who promotes the importance of people being treated with dignity at all times. We saw that staff treated information confidentially and care records were stored securely.

People were supported to eat their meals independently; adapted cutlery was used by some people. Staff told us they encouraged people to do as much as possible for themselves to maintain their independence.

## Is the service responsive?

### Our findings

Some people using the service said they were able to choose when they got up in the morning and went to bed, whilst others said they had to wait for staff to be available. Two people said that if they rang their bell for assistance they often waited a long time for staff to come. One person said, "You have to wait ages." We observed that people generally received support from staff when they needed it but one person had to wait for assistance at lunchtime. We saw that when people received support from staff it met their needs.

People told us about the activities that were provided. People told us staff took them out shopping. A person talked about going to see a film and told us they had gone on holiday to Spain the previous summer. Another person told us they had been to watch cricket at Trent Bridge. They said they also liked watching formula one motor racing on the television.

A person showed us their box of wools and a tapestry canvas and the progress they were making with this. They told us they enjoyed doing this and were clearly proud of what they were producing. Another person told us they did art activities which they enjoyed. They told us they liked to go out and staff were booking seats for the Chinese State Circus which was coming to the area later in the year. The activities coordinator told us people went bowling nearby every two weeks. This showed us that the staff considered each person's care based upon what was important to them.

On the day of the inspection we saw a person facilitating a crossword puzzle with two people using the service however; most people were not engaged in activities for most of the day.

Information was available at the front of people's care records on things which were important to the person, the support they required and things people admired about the person. There was also a document providing information about the person's life history and family relationships.

Care plans were in place to provide information on people's care and support needs. These were written from the perspective of the person using the service and had been updated regularly. When people had health conditions such as epilepsy, treatment protocols were in place and care plans had been completed with instructions on the management of their conditions. People and their relatives had been involved in reviews of their care.

Care records contained information regarding people's diverse needs and provided support for how staff could meet those needs. We saw that people were supported to attend religious activities in line with their preferences.

A person told us if they had a concern or a complaint they talked to the manager and, "She sorts it out quickly." Another person told us they had asked if they could have their medicines at the beginning of the medicines round in the morning as this affected their wellbeing. They had spoken to the manager who had agreed there was no reason they could not have their medicines first and had sorted the problem out for them. Staff said that if someone wanted to make a complaint they would try to sort the problem out for the

person and they would report the concern to the senior person on duty.

There had only been one recent formal complaint and it was being investigated by the registered manager at the time of our inspection. The complaints procedure was displayed on the main noticeboard. Complaints information was included in the guide for people who used the service. There was a clear procedure for staff to follow should a concern be raised. There was a clear procedure for staff to follow should a concern be raised.

## Is the service well-led?

### Our findings

During our previous inspection on 12 March 2015 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Audits had not identified or addressed shortcomings that we found during the inspection. At this inspection we found that improvements had been made in this area.

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and also by representatives of the provider. Audits were carried out in a range of areas including care records, medication and health and safety. Actions were taken in response to any identified concerns.

People told us and we found there were meetings for people living at the home and they could talk about things they wanted to do and any issues. We saw that actions had been taken to address any comments made. We saw that surveys were completed by people who used the service and staff. Actions were taken in response to any identified concerns. We saw that people had been involved in making decisions about new bathrooms that had been put in place.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy. The provider's values were in the guide provided for people who used the service and we saw that staff acted in line with those values.

A person said, "There is a friendly atmosphere." A staff member commented on the nice atmosphere at the home and said, "Everyone who comes to work here says it is one of the best homes." Another staff member said, "I think we care for people well. We have a laugh and a joke with them and talk with them all the time." A visiting professional told us that the home had a friendly and professional atmosphere. We observed that the people's care was provided in an environment that was calm and relaxed.

A person said, "The [registered] manager is nice. I can talk to her." Another person said, "[The registered manager] is fantastic." Staff told us they could talk to the registered manager and approach her to discuss anything with her. They said she came down and offered them a hand when they were busy. A visiting healthcare professional told us that the home was, "A professionally run and managed establishment."

Staff told us meetings were held regularly for staff. They said they discussed improvements to the service for people and they said they were able to contribute freely at the meetings. We saw that regular staff meetings took place and the registered manager had clearly set out her expectations of staff. Staff told us that they received feedback in a constructive way.

A registered manager was in post but she was unavailable during the inspection. We saw that all conditions of registration with the CQC were being met and statutory notifications had been sent to the CQC when required. The current CQC rating was clearly displayed.